HOURS OF WORK

NAME: _____

CLASSIFICATION: _____

ACCOUNT POSITION # _____

UNION CODE: _____

DIVISION: _____

LOCATION: _____

WORK WEEK (Circle One)   35 S   40 S   NS

Indicate date flex schedule authorized: _____ / _____ / _____

SCHEDULED WORK HOURS EACH DAY (Check)

☐ Normal 8:30 AM – 4:00 PM (Fill in **B, C**) ½ Hr. Meal
☐ Flex Schedule   (Fill in **A, B, C**) 1 or ½ Hr. Meal
☐ Part-Time   (Fill in **A, B, C**)

SHIFT ASSIGNMENT (Circle One) 1ST   2ND   3RD

ELIGIBLE SHIFT DIFFERENTIAL?   Yes   No

PART-TIME SCHEDULE AUTHORIZED   _____ / _____ / _____ TO _____ / _____ / _____
                                                   M   D   Y   M   D   Y

A. FLEX SCHEDULE OF WORK HOURS

	S	M	TU	W	TH	F	S
Start: AM							
End: PM							

B. SCHEDULED MEAL BREAK

	S	M	TU	W	TH	F	S
Start: AM PM							
End: AM PM							

C. SCHEDULED BREAKS   1ST / 2ND

	S	M	TU	W	TH	F	S
1st: AM AM							
2nd: PM PM							

Submitted By:

_____   _____ / _____
Employee   Date

SUPERVISION AUTHORITY:

_____
Name & Title of individual responsible for employee supervision.

Approved/Disapproved:

_____
Name & Title Divisional Authority   Date _____ / _____

_____ / _____
Next date to be reviewed